

Office M. Wright
Personal Secretary

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
" Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

| Claim | | Date | |
|-------|----------|------|---|
| Final | Original | | |
| 1 | ✓ | ✓ | ✓ |
| 2 | ✓ | ✓ | ✓ |
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| Claim | | Date | |
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| Claim | | Date | |
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| Final | Original | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)